



United States<sup>®</sup>  
**Census**  
Bureau

# The Puerto Rico Community Survey

This booklet shows the  
content of the  
Puerto Rico Community Survey  
questionnaire.

This questionnaire is available in either English or Spanish.  
Este cuestionario está disponible en español o en inglés.

To complete the English questionnaire, begin on page 2. To complete the Spanish questionnaire, flip this over and complete the yellow side.

**Please complete this form as soon as possible.** Place it in the envelope provided and HOLD it for a census representative to return to pick it up.

**If you need help** or have questions about completing this form, call the number that our census representative has given you.

**For more information** about the Puerto Rico Community Survey, visit our website at: <http://www.census.gov/acs>

Para completar el cuestionario en inglés, comience en la página 2. Para completar el cuestionario en español, vírelo y complete el lado amarillo.

**Por favor, complete este cuestionario tan pronto sea posible.** Colóquelo en el sobre que se provee y GUÁRDELO hasta que un representante del censo lo venga a recoger.

**Si necesita ayuda** o tiene preguntas sobre cómo completar este cuestionario, llame al número de teléfono que le ha dado nuestro representante del censo.

**Para obtener más información** sobre la Encuesta sobre la Comunidad de Puerto Rico, vaya a nuestra página en la Internet: <http://www.census.gov/acs>

**CENSUS USE ONLY**

**How was this form completed?**

☐ English

☐ Spanish



- 1 What is your name?** Please print your name. Include your telephone number, and today's date. We will only contact you if needed for official Census Bureau business.

Last Name

First Name

MI

Area Code + Number

 - 

Today's Date

Month

Day

Year

- 2 What is your sex?** Mark (X) ONE box.

☐

Male

☐

Female

- 3 What is your age and what is your date of birth?** For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years)

Month

Day

Year of birth





- A NOTE:** Please answer BOTH Question 4 about Hispanic origin and Question 5 about race. For this survey, Hispanic origins are not races.

- 4 Are you of Hispanic, Latino, or Spanish origin?**

☐

No, not of Hispanic, Latino, or Spanish origin

☐

Yes, Mexican, Mexican Am., Chicano

☐

Yes, Puerto Rican

☐

Yes, Cuban

☐

Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↴

- 5 What is your race?**

Mark (X) one or more boxes AND print origins.

☐

White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ↴

☐

Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↴

☐

American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ↴

☐

Chinese

☐

Vietnamese

☐

Native Hawaiian

☐

Filipino

☐

Korean

☐

Samoan

☐

Asian Indian

☐

Japanese

☐

Chamorro

☐

Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴

☐

Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

☐

Some other race – Print race or origin. ↴



**6 Where were you born?**

☐ In the United States – *Print name of state.*

☐ Outside the United States – *Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.*

**7 Are you a citizen of the United States?**

☐ Yes, born in Puerto Rico → *SKIP to question 9a*

☐ Yes, born in a U.S. State, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas

☐ Yes, born abroad of U.S. citizen parent or parents

☐ Yes, U.S. citizen by naturalization – *Print year of naturalization* ↗

☐ No, not a U.S. citizen

**8 When did you come to live in Puerto Rico?**

*If you came to live in Puerto Rico more than once, print latest year.*

Year

**9**

**a. At any time IN THE LAST 3 MONTHS, have you attended school or college?** *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*

☐ No, have not attended in the last 3 months → *SKIP to question 10*

☐ Yes, public school, public college

☐ Yes, private school, private college, home school

**b. What grade or level were you attending?**

*Mark (X) ONE box.*

☐ Nursery school, preschool

☐ Kindergarten

☐ Grade 1 through 12 – *Specify grade 1 - 12* ↗

☐ College undergraduate years (freshman to senior)

☐ Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

**10**

**What is the highest degree or level of school you have COMPLETED?** *Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.*

**NO SCHOOLING COMPLETED**

☐ No schooling completed

**NURSERY OR PRESCHOOL THROUGH GRADE 12**

☐ Nursery school

☐ Kindergarten

☐ Grade 1 through 11 – *Specify grade 1 - 11* ↗

☐ 12th grade – **NO DIPLOMA**

**HIGH SCHOOL GRADUATE**

☐ Regular high school diploma

☐ GED or alternative credential

**COLLEGE OR SOME COLLEGE**

☐ Some college credit, but less than 1 year of college credit

☐ 1 or more years of college credit, no degree

☐ Associate's degree (for example: AA, AS)

☐ Bachelor's degree (for example: BA, BS)

**AFTER BACHELOR'S DEGREE**

☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

☐ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

☐ Doctorate degree (for example: PhD, EdD)



**B** Answer question 11 if you have a bachelor's degree or higher. Otherwise, SKIP to question 12.

- 11** This question focuses on your **BACHELOR'S DEGREE**. Please print below the specific major(s) of any **BACHELOR'S DEGREES** you have received.  
(For example: chemical engineering, elementary teacher education, organizational psychology)

  
  


- 12** What is your ancestry or ethnic origin?

  


(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

- 13** a. Do you speak a language other than English at home?

- ☐ Yes  
☐ No → SKIP to question 14a

- b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

- c. How well do you speak English?

- ☐ Very well  
☐ Well  
☐ Not well  
☐ Not at all

- 14** a. Did you live at this address 1 year ago?

- ☐ Person is under 1 year old → SKIP to question 16  
☐ Yes, at this address → SKIP to question 15  
☐ No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15

- ☐ No, at a different address in the United States or Puerto Rico

- b. Where did you live 1 year ago?

Address  
 Development or condominium name  
 Number and street name

  


Name of city, town, post office, military installation, or base

Name of municipio in Puerto Rico or U.S. county

Enter Puerto Rico or  
 Name of U.S. state

ZIP Code

  
  
  
  


- 15** IN THE PAST 12 MONTHS, did you receive benefits from the Nutritional Assistance Program?

Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- ☐ Yes  
☐ No

- 16** Are you **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of yours or another family member)                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by you or another family member)                           | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care)   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴   | <input type="checkbox"/> | <input type="checkbox"/> |



**C** Answer question 17a if you are covered by health insurance. Otherwise, SKIP to question 18a.

- 17 a. Is there a premium for this plan?**  
A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

☐ Yes  
☐ No → SKIP to question 18a

- b. Do you or another family member receive a tax credit or subsidy based on family income to help pay the premium?**

☐ Yes  
☐ No

- 18 a. Are you deaf or do you have serious difficulty hearing?**

☐ Yes  
☐ No

- b. Are you blind or do you have serious difficulty seeing even when wearing glasses?**

☐ Yes  
☐ No

**D** Answer questions 19a – c if you are 5 years old or over. Otherwise, SKIP to **J** on page 10 for further instructions; do not answer any more questions.

- 19 a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

☐ Yes  
☐ No

- b. Do you have serious difficulty walking or climbing stairs?**

☐ Yes  
☐ No

- c. Do you have difficulty dressing or bathing?**

☐ Yes  
☐ No

**E** Answer question 20 if you are 15 years old or over. Otherwise, SKIP to **J** on page 10 for further instructions; do not answer any more questions.

- 20 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

☐ Yes  
☐ No

- 21 What is your marital status?**

☐ Now married  
☐ Widowed  
☐ Divorced  
☐ Separated  
☐ Never married → SKIP to **F** on the next page

- 22 In the PAST 12 MONTHS, did you get –**

	Yes	No
a. Married?	<input type="checkbox"/>	<input type="checkbox"/>
b. Widowed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Divorced?	<input type="checkbox"/>	<input type="checkbox"/>

- 23 How many times have you been married?**

☐ Once  
☐ Two times  
☐ Three or more times

- 24 In what year did you last get married?**

Year

**F** Answer question 25 if you are female and 15 – 50 years old. Otherwise, SKIP to question 26a.

**25** In the PAST 12 MONTHS, have you given birth to any children?

- ☐ Yes  
☐ No

**26** a. Do you have any of your own grandchildren under the age of 18 living in this place?

- ☐ Yes  
☐ No → SKIP to question 27

b. Are you currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this place?

- ☐ Yes  
☐ No → SKIP to question 27

c. How long have you been responsible for these grandchildren? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.

- ☐ Less than 6 months  
☐ 6 to 11 months  
☐ 1 or 2 years  
☐ 3 or 4 years  
☐ 5 or more years

**27** Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- ☐ Never served in the military → SKIP to question 30a  
☐ Only on active duty for training in the Reserves or National Guard → SKIP to question 29a  
☐ Now on active duty  
☐ On active duty in the past, but not now

**28** When did you serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which you served, even if just for part of the period.

- ☐ September 2001 or later  
☐ August 1990 to August 2001 (including Persian Gulf War)  
☐ May 1975 to July 1990  
☐ Vietnam Era (August 1964 to April 1975)  
☐ February 1955 to July 1964  
☐ Korean War (July 1950 to January 1955)  
☐ January 1947 to June 1950  
☐ World War II (December 1941 to December 1946)  
☐ November 1941 or earlier

**29** a. Do you have a VA service-connected disability rating?

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)  
☐ No → SKIP to question 30a

b. What is your service-connected disability rating?

- ☐ 0 percent  
☐ 10 or 20 percent  
☐ 30 or 40 percent  
☐ 50 or 60 percent  
☐ 70 percent or higher



- 30 a. LAST WEEK, did you work for pay at a job (or business)?**

- ☐ Yes → SKIP to question 31
- ☐ No – Did not work (or retired)

- b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?**

- ☐ Yes
- ☐ No → SKIP to question 36a

- 31 At what location did you work LAST WEEK?**

*If you worked at more than one location, print where you worked most last week.*

- a. Address**

Development or condominium name  
Number and street name

*If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.*

- b. Name of city, town, post office, military installation, or base**

- c. Is the work location inside the limits of that city or town?**

- ☐ Yes
- ☐ No, outside the city/town limits

- d. Name of municipio in Puerto Rico or U.S. county**

- e. Enter Puerto Rico or name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did you usually get to work LAST WEEK?**

*Mark (X) ONE box for the method of transportation used for most of the distance.*

- |   |  |
|---|--|
| <input type="checkbox"/> Car, truck, or van                   | <input type="checkbox"/> Taxicab   |
| <input type="checkbox"/> Bus                                  | <input type="checkbox"/> Motorcycle                                      |
| <input type="checkbox"/> Subway or elevated rail              | <input type="checkbox"/> Bicycle   |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked  |
| <input type="checkbox"/> Carro público                        | <input type="checkbox"/> Worked from this address → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat                            | <input type="checkbox"/> Other method                                    |

- G** Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

- 33 How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 34 LAST WEEK, what time did your trip to work usually begin?**

Hour

Minute



☐ a.m.

☐ p.m.

- 35 How many minutes did it usually take you to get from this address to work LAST WEEK?**

Minutes

- H** Answer questions 36 – 39 if you did NOT work last week. Otherwise, SKIP to question 40a.

- 36 a. LAST WEEK, were you on layoff from a job?**

- ☐ Yes → SKIP to question 36c
- ☐ No

- b. LAST WEEK, were you TEMPORARILY absent from a job or business?**

- ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
- ☐ No → SKIP to question 37

- c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?**

- ☐ Yes → SKIP to question 38
- ☐ No





- 37** During the **LAST 4 WEEKS**, have you been **ACTIVELY** looking for work?

- ☐ Yes  
☐ No → *SKIP* to question 39

- 38** **LAST WEEK**, could you have started a job if offered one, or returned to work if recalled?

- ☐ Yes, could have gone to work  
☐ No, because of own temporary illness  
☐ No, because of all other reasons (in school, etc.)

- 39** When did you last work, even for a few days?

- ☐ Within the past 12 months  
☐ 1 to 5 years ago → *SKIP* to **1**  
☐ Over 5 years ago or never worked → *SKIP* to question 43

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did you work **EVERY** week? Count paid vacation, paid sick leave, and military service as work.

- ☐ Yes → *SKIP* to question 41  
☐ No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did you work? Include paid time off and include weeks when you only worked for a few hours.

Weeks

 

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did you usually work each **WEEK**?

Usual hours worked each WEEK

  

**1** Answer questions 42a – f if you worked in the past 5 years. Otherwise, *SKIP* to question 43.

## **42** DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment you had last week.

If you had more than one job, describe the one at which the most hours were worked. If you did not work last week, describe the most recent employment in the past five years.

- a. Which one of the following best describes your employment last week or the most recent employment in the past 5 years?

Mark (X) **ONE** box.

### **PRIVATE SECTOR EMPLOYEE**

- ☐ **For-profit** company or organization  
☐ **Non-profit** organization (including tax-exempt and charitable organizations)

### **GOVERNMENT EMPLOYEE**

- ☐ **Local government** (for example: city, county, or municipio)  
☐ **State government** (including school districts and state universities)  
☐ **Active duty** U.S. Armed Forces or Commissioned Corps  
☐ **Federal government** civilian employee

### **SELF-EMPLOYED OR OTHER**

- ☐ **Owner of non-incorporated** business, professional practice, or farm  
☐ **Owner of incorporated** business, professional practice, or farm  
☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

- b. What was the name of your employer, business, agency, or branch of the Armed Forces?

- c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

- d. Was this mainly – Mark (X) **ONE** box.

- ☐ manufacturing?  
☐ wholesale trade?  
☐ retail trade?  
☐ other (agriculture, construction, service, government, etc.)?





**e. What was your main occupation?**

(For example: 4th grade teacher, entry-level plumber)

**f. Describe your most important activities or duties.** (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)
  
  

**43 INCOME IN THE PAST 12 MONTHS**

Mark (X) the "Yes" box for each type of income you received, and give your best estimate of the **TOTAL AMOUNT** during the **PAST 12 MONTHS**. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income **NOT** received.

If your net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report only your share of the amount received or earned.

**a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?**
☐ Yes → **What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?**

Total amount – Dollars

☐ No
**b. Did you have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in the PAST 12 MONTHS?**
☐ Yes → **What was the net income after business expenses?**

Total amount – Dollars

Loss

☐ No
**c. Did you receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in the PAST 12 MONTHS?**

Report even small amounts credited to an account.

☐ Yes → **What was the amount?**

Total amount – Dollars

Loss

☐ No
**d. Did you receive any Social Security or Railroad Retirement income in the PAST 12 MONTHS?**
☐ Yes → **What was the amount?**

Total amount – Dollars

☐ No
**e. Did you receive any Supplemental Security Income (SSI) in the PAST 12 MONTHS?**
☐ Yes → **What was the amount?**

Total amount – Dollars

☐ No
**f. Did you receive any public assistance or welfare payments from the state or local welfare office in the PAST 12 MONTHS?**
☐ Yes → **What was the amount?**

Total amount – Dollars

☐ No
**g. Did you receive any retirement income, pensions, survivor or disability income in the PAST 12 MONTHS?** Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do not include Social Security.
☐ Yes → **What was the amount?**

Total amount – Dollars

☐ No
**h. Did you have any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in the PAST 12 MONTHS?** Do NOT include lump sum payments such as money from an inheritance or sale of a home.
☐ Yes → **What was the amount?**

Total amount – Dollars

☐ No
**44 What was your total income during the PAST 12 MONTHS?** Add entries 43a to 43h; subtract any losses.

If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

Total amount – Dollars

None

☐ OR

Loss

☐


**J Thank you** very much for your participation.

Place the questionnaire in the envelope and HOLD for your Census Bureau Representative to pick up.

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The Census Bureau estimates that this form will take about 25 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate, including suggestions for reducing this burden, to: Paperwork Reduction Project, U.S. Census Bureau, 4600 Silver Hill Road, ADDC-4H277, Washington, DC 20233. You may email comments to [acso.pra@census.gov](mailto:acso.pra@census.gov); use "Paperwork Project" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.



## CENSUS USE ONLY

1. Who answered the questions on this form? *Mark (X) one box.*

- ☐ Sample resident
- ☐ Proxy respondent
- ☐ SSS individual
- ☐ A combination of sources
- ☐ Don't know

2. How were the questions on this form completed? *Mark (X) one box.*

- ☐ By self-response
- ☐ By personal interview – *Specify reason* ➤

3. Were administrative records used to complete any of the questions on this form? *Mark (X) one box.*

- ☐ **No**
- ☐ **Yes, Some** administrative record information was used
- ☐ **Yes, All** responses were obtained from administrative record information
- ☐ Don't know

### Final Outcome Codes

Mark (X) ONE of the codes below to indicate the final outcome of the case. If code 219 or 243 is marked, explain reason in the space provided.

Interview	Noninterview
<input type="checkbox"/> 201 <input type="checkbox"/> 203	<input type="checkbox"/> 213 <input type="checkbox"/> 214 <input type="checkbox"/> 215 <input type="checkbox"/> 217 <input type="checkbox"/> 218 <input type="checkbox"/> 219 <input type="checkbox"/> 233 <input type="checkbox"/> 241
Out of scope ➡	<input type="checkbox"/> 243
Other – <i>Specify</i> ➡	<input type="checkbox"/> ____

Reason (code 219 or 243):

I have reviewed the questionnaire for completeness.

FR's name

Username

Date of interview





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